

TEST DRAFT 9/12/03

**2003
C-8044**

2003 MICHIGAN Single Business Tax Simplified Return

Issued under authority of P.A. 228 of 1975.

This form may be used instead of the standard *Single Business Tax Annual Return*, Form C-8000, if all of the following conditions apply:

- Gross receipts do not exceed \$9,000,000.
- Adjusted business income, after loss adjustment, does not exceed \$475,000 (\$95,000 for individuals).
- No shareholder or officer has allocated income, after loss adjustment, of more than \$95,000. Attach C-8000KC.
- No partner has distributive income, after loss adjustment, of more than \$95,000. Attach C-8000KP.
- Filer is not a member of a controlled group or entity under common control.
- Filer is not filing a consolidated return.
- Filer is not apportioning business activity.

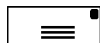
▶ 1. This return is for calendar year 2003 or for the following tax year <div> <div>Beginning Date</div> <div> <div>month</div> <div>year</div> <div>2003</div> </div> <div>Ending Date</div> <div> <div>month</div> <div>year</div> </div> </div>		▶ 5. Federal Employer ID No. (FEIN) or TR No. <div></div>	
2. Name (Type or Print)		6a. Check this box if address is new <input type="checkbox"/>	
d/b/a		b. Check this box if discontinued <input type="checkbox"/>	
Street Address		Effective date of discontinuance _____	
City, State, ZIP		▶ 7. Organization Type (check one)	
3. Business start date		a. <input type="checkbox"/> Individual	
4. Principal Business Activity		b. <input type="checkbox"/> Fiduciary	
		c. <input type="checkbox"/> Professional Corp.	
		d. <input type="checkbox"/> S Corp.	
		e. <input type="checkbox"/> Other Corp.	
		f. <input type="checkbox"/> Partnership/	
		g. <input type="checkbox"/> Limited Liability	
		Company-Corporation	

8.	Gross receipts	8.	_____	.00	
9.	Business income	9.	_____	.00	
10.	Carryover or carryback of net operating loss or capital loss (cannot be a negative number)	10.	_____	.00	
11.	Compensation and director fees of active shareholders or officers from C-8000KC, lines 6 & 7	11.	_____	.00	
12.	Adjusted Business Income. Add lines 9 - 11. If negative, enter zero on line 13	12.	_____	.00	
13.	Tax Before All Other Credits. Multiply line 12 by 2.0% (.02)	13.	_____	.00	
14.	Unincorporated/S Corp. Credit. Multiply line 13 by percent from table in the instructions	14.	_____	.00	
15.	Tax After Nonrefundable Credits. Subtract line 14 from line 13	15.	_____	.00	
16.	Overpayment credited from prior year	16.	_____	.00	
17.	Estimated tax payments	17.	_____	.00	
18.	Tax paid with request for extension	18.	_____	.00	
19.	Refundable credits from C-8000MC, line XX	19.	_____	.00	
20.	Total. Add lines 16 - 19	20.	_____	.00	
21.	Tax Due. Subtract line 20 from line 15. If less than zero, leave blank	21.	_____	.00	
22.	Underpaid estimate penalty and interest from C-8020, line 28 or 38 whichever applies	22.	_____	.00	
23.	Annual return penalty at _____ % = _____ and interest = _____	23.	_____	.00	
24.	Payment Due. Add lines 21 - 23	PAY	24.	_____	.00
25.	OVERPAYMENT. Subtract line 15 from line 20	25.	_____	.00	
26.	Enter the amount of overpayment on line 25 to be refunded	REFUND	26.	_____	.00
27.	Enter the amount of overpayment on line 25 to be credited forward	27.	_____	.00	

TAXPAYER'S DECLARATION <i>I declare under penalty of perjury that this return is true and correct to the best of my knowledge.</i>		PREPARER'S DECLARATION <i>I declare under penalty of perjury that this return is based on all information of which I have any knowledge.</i>	
I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Yes <input type="checkbox"/> No		Preparer's Signature	
Taxpayer's Signature		Print or Type Preparer's Name	Date
Print or Type Taxpayer's Name	Date	Business Address, Phone and Identification Number	
Title			

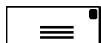
WITHOUT PAYMENT - Mail return to:

Michigan Department of Treasury
P.O. Box 30059
Lansing, MI 48909



WITH PAYMENT - Pay amount on line 25 and mail check and return to:

**Michigan Department of Treasury
Department 77375
P.O. Box 77000
Detroit, MI 48277-0375**



Make check payable to "State of Michigan" and print the FEIN on the front of check. Do not staple check to return.

Due Date: April 30 or by the last day of the 4th month after the close of the tax year.